

80/20 and 70/30 Plans

2021 Recommendation

- **Base Premiums:**

- Base premiums would not change for 2021.
- Tobacco Attestation wellness surcharge kept flat at \$60.

- **Dependent Tiers:**

- Premiums for the dependent tiers would not change for 2021.
- The “Subscriber + Family” and “Subscriber + Children” tiers are frozen at the same level since 2018.

Coverage & Tiers	2020 Rates	2021 Rates
80/20 Employees *		
Subscriber Only	\$50.00	\$50.00
Subscriber + Child(ren)	\$305.00	\$305.00
Subscriber + Spouse	\$700.00	\$700.00
Subscriber + Family	\$720.00	\$720.00
80/20 Retirees / Non-Med Dependents		
Subscriber Only	\$50.00	\$50.00
Subscriber + Child(ren)	\$305.00	\$305.00
Subscriber + Spouse	\$700.00	\$700.00
Subscriber + Family	\$720.00	\$720.00

*Assumes "Yes" completion of tobacco attestation

Actuarial Value	
80/20 Active & Non-Medicare Plans	82.2%
70/30 Active & Non-Medicare Plans	77.7%
70/30 Medicare Plan	86.6%

Coverage & Tiers	2020 Rates	2021 Rates
70/30 Employees *		
Subscriber Only	\$25.00	\$25.00
Subscriber + Child(ren)	\$218.00	\$218.00
Subscriber + Spouse	\$590.00	\$590.00
Subscriber + Family	\$598.00	\$598.00
70/30 Retirees/Non-Med Dependents		
Subscriber Only	\$0.00	\$0.00
Subscriber + Child(ren)	\$218.00	\$218.00
Subscriber + Spouse	\$590.00	\$590.00
Subscriber + Family	\$598.00	\$598.00
70/30 Retirees/Med Dependents		
Subscriber Only	\$0.00	\$0.00
Subscriber + Child(ren)	\$155.00	\$155.00
Subscriber + Spouse	\$425.00	\$425.00
Subscriber + Family	\$444.00	\$444.00

*Assumes "Yes" completion of tobacco attestation

WHAT IS NOT COVERED?

Exclusions for a specific type of service are stated along with the benefit description in "Covered Services." Exclusions that apply to many services are listed in this section, starting with general exclusions and then the remaining exclusions are listed in alphabetical order. To understand all of the exclusions that apply, read "Covered Services," "Summary of Benefits" and "What Is Not Covered?" **The Plan does not cover services, supplies, medications or charges for:**

- Anything specifically listed in this benefits booklet as not covered or excluded, regardless of *medical necessity*.
- Any condition, disease, ailment, injury, or diagnostic service to the extent that benefits are provided or persons are eligible for coverage under Title XVIII of the Social Security Act of 1965, including amendments, except as otherwise required by federal law.
- Conditions that federal, state or local law requires to be treated in a public facility.
- Any condition, disease, illness, or injury that occurs in the course of employment, if the *member*, employer or carrier is liable or responsible for the specific medical charge (1) according to a final adjudication of the claim under a state's workers' compensation laws, or (2) by an order of a state Industrial Commission or other applicable regulatory agency approving a settlement agreement.
- Basic life or work-related or medical disability examinations.
- Benefits that are provided by any governmental unit except as required by law.
- Services that are ordered by a court that are otherwise excluded from benefits under this Plan.
- Any condition suffered as a result of any act of war or while on active or reserve military duty.
- Services in excess of any *benefit period maximum* or *lifetime maximum*.
- Received prior to the *member's effective date*.
- Received after the coverage termination date, regardless of when the treated condition occurred, and regardless of whether the care is a continuation of care received prior to the termination.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- Services provided at request of patient in a location other than physician's office which are normally provided in the physician's office.
- Day care services, chore services, attendant care services, homemaker services, companion care services, foster care services.
- Hair analysis, excluding arsenic.
- Transportation of portable X-ray equipment and personnel to home or nursing home, transportation of portable EKG to facility or other location.
- *Emergency* response systems.
- *Alternative medicine* services, which are unproven preventive or treatment modalities, also described as alternative, integrative, or complementary medicine, whether performed by a physician or any *other provider*.

In addition, the **Plan** does not cover the following services, supplies, medications or charges:

A

- **Acupuncture** and **acupressure**.
- **Administrative** charges billed by a *provider*, including, but not limited to charges for failure to keep a scheduled visit, completion of a claim form, obtaining medical records, late payments, shipping and handling, taxes and telephone charges.
- Costs in excess of the **allowed amount** for services usually provided by one *doctor*, when those services are provided by multiple *doctors* or *medical care* provided by more than one *doctor* for treatment of the same condition.

incurred, except in the absence of legal capacity of the *member*.

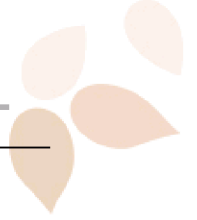
Clinical Trials exclusions include:

- Non-health care services, such as services provided for data collection and analysis.
- Early feasibility, safety and pilot states of device trials
- CMS Investigational Device Exemption (IDE) Category A devices
- *Investigational* medications and devices and services that are not for the direct clinical management of the patient.
- Side effects and **complications** of non-covered services, except for *emergency services* in the case of an *emergency*.
- **Convenience** items such as, but not limited to, devices and equipment used for environmental control, urinary incontinence devices (including bed wetting devices) and equipment, heating pads, hot water bottles, ice packs and personal hygiene items.
- **Cosmetic** services, which include the removal of excess skin from the abdomen, arms or thighs, skin tag excisions, skin tone enhancements, cryotherapy or chemical exfoliation for active acne scarring, superficial dermabrasion, injection of dermal fillers, services for hair *transplants*, electrolysis and *surgery* for psychological or emotional reasons, except as specifically covered by the *Plan*.
- Services received either before or after the **coverage** period of the Plan, regardless of when the treated condition occurred, and regardless of whether the care is a continuation of care received prior to the termination.
- **Custodial care** designed essentially to assist an individual with activities of daily living, with or without routine nursing care and the supervisory care of a *doctor*. While some skilled nursing services may be provided, the patient does not require continuing skill services 24 hours daily. The individual is not under specific medical, surgical, or psychiatric treatment to reduce a physical or mental disability to the extent necessary to enable the patient to live outside either the institution or the home setting with substantial assistance and supervision, nor is there reasonable likelihood that the disability will be reduced to that level even with treatment. *Custodial care* includes, but is not limited to, help in walking, bathing, dressing, feeding, preparation of special diets and supervision over medications that could otherwise be self-administered. Such services and supplies are custodial as determined by the *Plan* without regard to the place of service or the *provider* prescribing or providing the services.
- **Camisoles**, or other clothing, post-mastectomy.
- **Communication** boards or alternative communication devices.
- **Contraception** for males

D

- **Dental services**
 - provided in a *hospital*, except as specifically covered by the *Plan*.
 - *Treatment for the following conditions*:
 - Injury related to chewing or biting.
 - Preventive dental care, diagnosis or treatment of or related to teeth or gums.
 - Periodontal disease or cavities and disease due to infection or tumor.

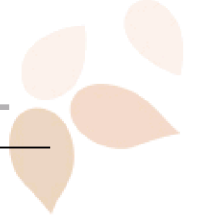
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- Primary treatment of a psychiatric disorder in a *residential treatment center* (RTC) unless the RTC is licensed as a psychiatric RTC.
 - Primary treatment of a *substance abuse* or *substance abuse* disorder in a *residential treatment center* (RTC) unless the RTC is licensed as a *substance abuse* or substance abuse RTC.
 - Services by *providers* not currently licensed in the state in which services are provided.
 - Psychotherapy as part of artificial means of conception.
 - Psychological assessment and psychotherapy treatment in conjunction with proposed gender transformation.
 - Psychological testing for those persons with a *substance abuse* diagnosis until 30 consecutive days of abstinence are obtained.
 - Therapeutic boarding schools as a psychiatric residential treatment center (RTC) unless the program is licensed for psychiatric RTC in the state in which services are provided, has *registered nurses* who are present on-site 24-hours per day, and holds current national accreditation by a national health care accrediting body approved by the *Mental Health Case Manager*.
 - Therapeutic boarding schools as a *substance abuse* or *substance abuse* residential treatment center (RTC) unless the program is licensed as a *substance abuse* RTC in the state in which services are provided and has licensed supervision of all residents 24 hours per day, seven days per week.
 - Wilderness camps, wilderness “step-down” components of a residential program, and stand-alone outdoor treatment programs or outdoor “step-down” components of a residential program are not covered as a psychiatric RTC unless the program is licensed for psychiatric residential treatment in the state in which services are provided, has *registered nurses* who are present on-site 24-hours per day, and holds current national accreditation by a national health care accrediting body approved by the *Mental Health Case Manager*.
 - Wilderness camps and stand-alone outdoor treatment programs are not covered as *substance abuse* or *substance abuse* RTC programs.
 - Academic education during *residential treatment* when charged separately.
 - Administrative psychiatric services (e.g., expert testimony, report writing, medical records review and maintenance, case management or case coordination, chart review, etc.)
 - Consultation with a mental health professional for adjudication of marital, child support, and custody cases.
 - Evaluations, consultations, testing or therapy for educational, professional training, or for investigation purposes relating to employment, insurance, judicial or administrative proceedings.
 - Training analysis.
 - Treatment for personal or professional growth, development, training or professional *certification*.
 - Aversive Treatment.
 - Treatment programs based solely on the 12-step Model.
 - Erhard Seminar Training (EST) or similar motivational services.
 - Bioenergetic, carbon dioxide, confrontational, hyperbaric or normobaric oxygen, marathon, megavitamin, orthomolecular, primal, rebirthing, or sleep therapies.
 - Expressive therapies (art, poetry, movement, psychodrama), guided imagery, or stress and relaxation therapy when billed separately.
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- Occlusal (bite) adjustments.
 - Extractions.
 - The following types of **therapy**:
 - Applied Behavior Analysis (ABA) therapy except as specifically identified by the *Plan*.
 - Music therapy, recreational or activity therapy, and all types of animal therapy. Remedial reading and all forms of special education and supplies or equipment used similarly, except as specifically covered by the *Plan*.
 - Massage therapy.
 - Alternative therapy.
 - Hypothermia therapy.
 - Cognitive therapy.
 - Speech therapy for stammering, stuttering, or developmental delay.
 - Treatment of speech, language, voice, communication and/or auditory processing disorder.
 - Pulmonary rehabilitation group sessions.
 - Peripheral arterial disease rehabilitation.
 - Community or work integration training, work hardening or conditioning.
 - **Thermography** or **thermograph** examination.
 - **Transplant** exclusions include:
 - The purchase price of the organ or tissue if any organ or tissue is sold rather than donated to the recipient *member*.
 - The procurement of organs, tissue, bone marrow or peripheral blood stem cells or any other donor services if the recipient is not a *member*.
 - *Transplants*, including high dose chemotherapy, considered *experimental* or *investigational*.
 - Services for or related to the transplantation of animal or artificial organs or tissues.
 - **Travel**, whether or not recommended or prescribed by a *doctor* or other licensed health care professional, except as specifically covered by the *Plan*.
 - **Treatment** or studies leading to or in connection with sex changes or modifications and related care.

V

- The following **vision** services:
 - Radial keratotomy and other refractive eye *surgery*, and related services to correct vision except for surgical correction of an eye injury. Also excluded are premium intraocular lenses or the services related to the insertion of premium lenses beyond what is required for insertion of conventional intraocular lenses, which are small, lightweight, clear disks that replace the distance-focusing power of the eye's natural crystalline lens.
 - Routine eye examination services except as specifically covered by the *Plan*.
 - Eyeglasses or contact lenses, except as specifically covered in "*Prosthetic appliances*."
 - Orthoptics, vision training, and low vision aids.
- For over-the-counter and non-federal legend **Vitamins**, food supplements or replacements, nutritional or dietary supplements, formulas, or special foods of any



- And except as specifically stated as covered:
 - Dental implants or root canals
 - Dentures
 - Dental appliances except when medically necessary for the treatment of temporomandibular joint disease or obstructive sleep apnea
 - Orthodontic braces or devices.
 - Palatal expanders
 - Removal of teeth and intrabony cysts.
 - Procedures performed for the preparation of the mouth for dentures.
 - Crowns, bridges, dentures or in-mouth appliances.
- Evaluation and treatment of **developmental dysfunction** and/or learning disability.
- **Diabetes related services including:**
 - Diabetic shoes, including accessories, fittings, and associated services and supplies.
 - Glasses.
- The following drugs or medications:
 - Injections by a health care professional of injectable *prescription medications* which can be self-administered, unless medical supervision is required.
 - Medications associated with conception by artificial means.
 - For prescribed *sexual dysfunction* medications.
 - Take home medications furnished by a *hospital or non-hospital facility*.
 - **Experimental medication or any medication or device not approved by the Food and Drug Administration (FDA) for the applicable diagnosis or treatment.** However, this exclusion does not apply to *prescription medications* used in covered phases I, II, III and IV clinical trials, or medications approved by the FDA for treatment of cancer, if prescribed for the treatment of any type of cancer for which the medication has been approved as effective and accepted in any one of the following nationally recognized medication reference guides:
 - The American Medical Association Drug Evaluations;
 - The American *Hospital Formulary* Service Drug Information;
 - The United States Pharmacopoeia Drug Information;
 - The National Comprehensive Cancer Network Drugs & Biologics Compendium;
 - The Thomson Micromedex DrugDex;
 - The Elsevier Gold Standard's Clinical Pharmacology; or
 - Any other authoritative compendia as recognized periodically by the United States Secretary of Health and Human Services.
- **Durable Medical Equipment** including:
 - Appliances or devices that serve no medical purpose or that are primarily for comfort or convenience.
 - Repair or replacement of equipment due to abuse or desire for new equipment.
 - Heel or elbow protectors.
 - Batteries, except as required for operation of *medically necessary* equipment prescribed by a *provider*.